with great difficulty—was very slight and passed away rapidly, although the operation was very well performed. While under the influence of the ether he seemed uncomfortable—made movements as if he intended to put himself on the defensive; opened his eyes wide and looked at what was going on around him with an astonished and stupid expression, and on two different occasions laughed in a silly manner. During the time that the drunkenness lasted (eight or ten minutes) he was questioned, teased, flattered, and threatened alternately, but he could not be induced to answer a word. Little by little, as the effects of the ether wore off, he assumed his former attitude. Three days later the attempt was made to intoxicate him, and for that purpose a whole bottle of champagne was introduced into his stomach, but the only effect produced was increasing slightly the frequency of the pulse. Cannabis Indica was about this time employed without any other effect than that of increasing the emaciation and causing a discolouration of the skin. The sleeper of Bicêtre having by this time become famous, a notorious magnetizer succeeded, by an application to M. Husson, the Director-General of Public Charity, in gaining access to the wards of M. du Saulle, and in magnetizing the patient; but no results appear to have followed the *passes* which were made over him. An ophthalmoscopic examination made by M. Edward Meyer and M. Bouchut revealed the fact that there was œdema of the optic nerve, and abnormal pallor of the retinal vessels.

On the 12th of April the patient succumbed to an attack of pneumonia.

The autopsy appears to have been made with unusual care, and the following points are of interest: 1st. A marked decoloration of the nervous substance affecting both the white and the gray substance depending upon a general anæmia of the organ which was very apparent even where the bloodvessels are normally most abundant, as in the gray substance of the corpus striatum, the protuberance and cortical substance. 2d. Atrophy of some of the convolutions, which caused in certain positions umbilicated depressions of the undulatory surface of the cortical substance. This condition is never met with except in those who have presented during life persistent trouble, more or less characteristic of the mental faculties, and as it depends upon disappearance to a certain extent of the nervous cellules, this derangement is generally of the nature of dementia. 3. Islets, of partial vascularization, which were found in the thickness of the cortical substance. These were said to resemble, more than anything else, the eruption of measles on the surface of the skin. M. Luys, who conducted the post-mortem examination, is inclined to think that the excessive depression of the phenomena of the life of relation and the apparent absence of all cerebral activity may be explained by the progressive diminution of the capillary circulation through the groups of nervous cellules which induced a condition of positive inanition, and finally extinction of their dynamic activity. On the other hand, the persistence of delusion may be explained by the existence of the foci of partial congestion which kept the surrounding cellules in a state of erethism or of functional exaltation.

One of the most interesting facts in the whole case is, that notwithstanding the number of times the œsophageal tube was introduced (750 in all) not the slightest abrasion of the œsophagus was found after death.

The lecture also contains the full history of a very similar case reported by M. Timermans, of Turin, and some particulars in regard to four other cases, which present some points of similarity.—*Gazette des Hôpitaux*, Nov. 2, 4, 9, 11. J. H. H.

25. *Sudden Death from Excitation of the Pneumogastric Nerve, of the Inferior Laryngeal, or of the Nasal Nerve.*—M. P. BERT, in a note read Aug. 23d, 1869, to the French Academy of Sciences by M. Claude Bernard, states, that when these nerves are strongly excited sudden death may result, without convulsions; respiration and the general movements of the body are immediately arrested and the animal dies as if from a stroke of lightning. M. B. has thus caused death in mammifera and birds, particularly in ducks, which is an important fact, for the suddenness of the death in these last animals shows that it is not owing to asphyxia (ducks resisting asphyxia for from eight to fifteen

minutes). This sudden death is hence probably the result of a cessation of action, of a sideration from too strong a centripetal excitation of the respiratory centre to which the term *vital* point, so much criticized, would be partly justified. However this may be, certain cases of sudden death following too strong excitation of the larynx (ammoniacal cauterization, small foreign bodies) to some attacks of angina pectoris may, perhaps, be thus explained.—*Gaz. Hebdomadaire de Méd. et de Chir.*, Sept. 3, 1869.

26. *Reduplication of the Sounds of the Heart.*—It has been erroneously asserted that the reduplication of the second sound of the heart has no prognostic or diagnostic importance. Dr. A. GEIGEL admits that this symptom is occasionally met with in healthy persons, but he asserts that it is constantly found in a series of patients affected with mitral narrowing and insufficiency. Most of these patients are of middle age, thin, anæmic, and long affected with cardiac disease. In all these a reduplication of the diastolic sound can almost constantly be heard at the points where the tricuspid orifice, the aorta, and the pulmonary artery are auscultated. The two diastolic sounds are more intense over the aortic and pulmonary orifices than over the mitral; the second diastolic sound is also more marked over the situation of the pulmonary orifice than over that of the aortic. The reduplication of the diastolic sound may thus be explained by the occlusion of the semilunar valves of the aorta and of the pulmonary artery not being simultaneous, the valves of the latter closing an instant after the valves of the aorta. In fact the second diastolic sound is more accentuated over the situation of the pulmonary artery than the first.

The retardation of the closure of the pulmonary valves is due to the left ventricle relieving itself rapidly of its blood, while the right ventricle gorged with blood empties itself more slowly. Further, the aorta retracts more energetically and more rapidly than the pulmonary artery, the elasticity of which diminishes from day to day in proportion as the sanguineous engorgement increases. A constant reduplication of the second sound of the heart may serve as a diagnostic sign of the mitral narrowing or insufficiency, but the reduplication of the second sound of the heart may also be produced in all cases in which there is a stasis in the right heart, or dilatation of the pulmonary artery. It is manifest that in this latter case the symptom will not be so constant as when there are valvular alterations. Reduplication of the diastolic sound is also observed in young, robust persons affected with tuberculosis, in those who are emphysematous, in pleurisy, and in fatty degeneration of the heart.

Guttmann, without denying the assertions of Geigel, nevertheless attributes much less importance to the sign in question. He does not consider the reduplication of the second sound of the heart as an habitual sign of mitral contraction; on the contrary, he regards it as a rare phenomenon, never constant, and only to be observed when the patient is in complete repose. When the heart is excited to full activity, the reduplication disappears.—*Archives Gén. de Méd.*, June, 1869, from *Verb. de Worzb. Med. Gaz.*, and *Virchow's Archives*, 1869.

27. *The Urine in Yellow Fever.*—The urine of yellow fever patients has been most attentively examined with the hope that it would furnish a means of diagnosis and prognosis. The experiments of Dr. BALLAT in three hundred cases satisfied him that during the first stage of yellow fever the physical and chemical characters of the urine are the same as in other fevers. But in the second stage the urine, as the disease becomes developed, assumes more or less of a deep brown colour and viscid consistence. Subjected to nitric acid or heat an albuminous precipitate is obtained; the abundance of the albumen varying according to the progress of the disease. If the termination is to be fatal, it increases until death; if favourable, the amount of albumen gradually decreases.

Dr. VIDAILLET has published in the *Archives de Médecine Navale* (1869), some additional observations, and insists on the value of albuminuria as a means of diagnosis. He states that there occur in the Gulf of Mexico, where yellow fever prevails, two other fevers, bilious remittent and intermittent fevers,